LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa

To Be Filed By:

LOBBYISTS (Sec. 67-6619)

Page of Page(s) THIS SPACE FOR OFFICE USE ONLY

2005 APR -4 AH 10: 12

VIII.	757	Secretary of Si	tate					SFILL		12		
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		(Type or print of	learly in black ink)					1	oi (D	IAHO		
			s at bottom of page									
Lobbyis	it's name an	d permanent busine	ess address	Da	Date prepared			Period covered				
Leon	Leon Duce									month ending		
	3100 S. Vista Ave. Suite 310						04/01/05			(Mo.) (Day) (Yr.)		
Boise	e, ID 837	705							1 1			
Îtem	Tot	als of all reportab	ole expenditures made o	r incurred by Lo	hbvist or	by Lobb	vist's Empl	over on behalf	of Lobb	vist's Employer		
- L	<u></u>		I and the same of									
Reimbursed Personal Living and Travel * Total Amount for Item 3, at bot						amounts contributed by each employer (Identify employers, under to m of page.)						
		o be Reported	All Employers	Employer N	No. 1	1 Employer No. 2		Employer No. 3		Employer No. 4	ŀ	
	inment and Refres	hment	\$148.16	\$		\$	-	\$		\$		
Living	Accommo	odations										
Advert	tising											
										· · · · · · · · · · · · · · · · · · ·		
Travel												
Teleph	one											
Other !	Expenses	or Services										
			149.16	-	0.00		0.00		0.00		_	
		Total	\$148.16	\$	0.00	\$	0.00	\$	0.00	\$	0	
*			s you are reporting for requ						hould be	entered on Page 1.		
Item 2	The tota	ls of each expend	liture of more than fifty Place		r a legisla Amount	tor or ot	her holder of public office. Names of Legislators & Public Officials in Group					
	Date		Flace		Amount	+-	Names	Degistators &	uone O	Therais in Group		
		Ì				1						
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		İ										
	Continued	on attached page(s)		ı								
INSTRUCTIONS						n	Employer(s) Name(s) and Address(es)					
<u> </u>				4	3							
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code. Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.						No.1 Association of Idaho Cities 3100 S. Vista Ave. Suite 310, Boise, ID 83705 No.2						
												l
10	BE FILE	В	Sen Y sursa etary of State	No.3								
		PO	Box 83720	No. 4								
	P		ID 83720-0080 2852 Fax: (208) 334-3	No.4								

Item 4	i nerconal monages to any i existetor, or for or on helplif of any legislator										
	Date		Amount		Name of Legislator Receiving or Benefited						
Item 5	or House Bill, the Lobbyist w			ion, the number of the Senate legislative activity in which possing. Appropriation Bill Number	Code 01	LEGISLATIVE SUB Subject Agriculture, horticulture,	Subject Health service, medicine, drugs				
(from	table)	Legislat	ive Ident. Number	and Section Number	02	farming, and livestock Amusements, games, athletics		and controlled substances, health insurance, hospitals			
					03	and sports Banking, finance, credit and	18 19	Higher education Housing, construction, codes			
					04	investments Children, minors, youth,	20	Insurance (excluding health insurance)			
					05	senior citizens Church and religion	21	Labor, salaries and wages, collective bargaining			
					06	Consumer affairs Ecology, environment, pollution,	22	Law enforcement, courts, judges, crimes, prisons			
						conservation, zoning, land and water use	23 24	License, permits Liquor			
					08 09	Elections, campaigns, voting,	25	Manufacturing, distribution and services			
				above is a true, complete and	10 11 12 13 14 15 16	Elections, campaigns, voing, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, municipal Government, special districts Government, state	26 27 28 29 30 31	services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)			
				4///os							
Lobbyis	signat	WO.		Date							